

PTO/SB/81B (12-08)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Control Number(s)	90/008,202 & 90/008,315
Filing Date(s)	August 30, 2006
First Named Inventor	Howard N. Straub
Title	OPHTHALMIC DEVICE AND . . .
Patent Number	7,008,396
Examiner Name	Aaron J. Lewis
Attorney Docket No(s).	

I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s).

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Please recognize or change the correspondence address for the above-identified reexamination proceeding control number(s) (more than one may be changed only if they are merged proceedings) to be:

 The address associated with the above-mentioned Customer Number.

OR

 The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lawrence J. Deutsch		
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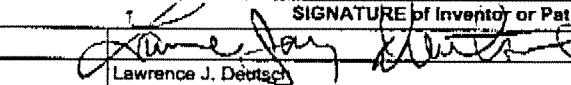
I am the:

 Inventor, having ownership of the patent being reexamined.

OR

 Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on \_\_\_\_\_.

1. SIGNATURE of Inventor or Patent Owner	
Signature	
Name	Lawrence J. Deutsch
Title and Company	President, Restorvision, Inc.
Date	5/11/09
Telephone	303-882-1680

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 2 forms are submitted.

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